

Appendix 1: Quarter 1 2015/16 Corporate Performance Report

RAG Rating	Direction of Travel (DOT)		Description
Green	On or within the 'variable tolerance' of the quarter target	↑	Short Term: Performance is better than the previous quarter Long Term: Performance is better than last year Corporate Plan Indicator Outturns reported cumulatively (C) Outturns reported as snapshot (S)
Amber	More than the 'variable tolerance' off the quarter target and where performance has improved or been maintained compared to the same quarter last year. Or where a NEW indicator, so no previous performance in the same quarter last year.	→	Short Term: Performance is the same as the previous quarter Long Term: Performance is the same as last year Outturns reported as rolling year (R)
Red	More than the 'variable tolerance' off the quarter target and where performance has not improved compared to the same quarter last year	↓	Short Term: Performance is worse than the previous quarter Long Term: Performance is worse than last year

SAFE: Supporting our community											
Ref.	Indicator	Value	2015/16 Annual Target	2015/16 Quarter 1 Target	Variable Tolerance	2015/16 Quarter 1 Performance	Short Term DOT against 2014/15 (Q4/Annual)		Long Term DOT against 2014/15 (Q1)		Comments
ASCOF 2A(i) (C)	Rate of permanent admissions to residential and nursing care homes per 100,000 population (aged 18-64)	Smaller is Better	10	2.4	±10%	2.7 (4 of 14,7134) (RED)	-	9.6	↓	1.4	Permanent admissions for individuals aged 18-64 years (2.7 per 100,000) is higher than target (2.4 per 100,000) and the same period last year (1.4 per 100,000). The indicator is anticipated to fluctuate throughout the year. CORRECTIVE ACTION: Admissions will be monitored during the Panel process across all three service areas, and this will be overseen by the Head of Service at the monthly ASC Performance Group.
ASCOF 2A(ii) (C)	Rate of permanent admissions to residential and nursing care homes per 100,000 population (aged 65+)	Smaller is Better	598.1	152.6	±10%	142.6 (65 of 45,582) (GREEN)	-	606.9	↓	67	Permanent admissions for individuals aged 65+ (142.6 per 100,000) is better than target (152.6 per 100,000) but worse than the same period last year (67 per 100,000). There continues to be pressure for placements in the borough. The average age of permanent admissions (aged 65+) to residential and nursing care homes is 84 years.
L7 (BCF)	Total non-elective admissions into hospital (general & acute), all-age per 100,000 population	Smaller is Better	No annual target. Targets set for each quarter	2,582 (Q4 2014/15)	±0%	2,730 (6,735 of 246,731) (Q4 2014/15 time lag) (RED)	-	Q3 2014/15 NOT AVAILABLE	-	NEW	Non-elective admissions into hospital (2,730) is higher than target (2,582) at the end of Q4. There were a couple of reasons that contributed to this indicator missing target: 1) some non-elective admissions were miscoded by BHRUT, which the CCG is working to rectify with BHRUT; and 2) there were a number of Long-Term Conditions, including COPD, Asthma, Pneumonia and heart failure. This was a new corporate indicator for 2014/15, so a DOT cannot be provided against Q4 2013/14. CORRECTIVE ACTION: A 'deep dive' is being undertaken by the Clinical Commissioning Group (CCG) and Commissioning Support Unit to identify the causes of non-elective admissions.
ASCOF 1F (C)	Percentage of adults in contact with secondary mental health services in paid employment	Bigger is Better	6.5%	6.5%	±10%	7.3% (35 of 480) (GREEN)	↑	6.8% (31 of 459)	↓	7.5% (39 of 520)	Adults in contact with secondary mental health services in paid employment (7.3%) is better than target (6.5%) but slightly less than the same period last year (7.5%). Mental health services (led by NELFT) are committed to the recovery model and work closely with service users to support them to fulfil their potential in accessing employment opportunities.
ASCOF 1G (C)	Percentage of adults with learning disabilities who live in their own home or with their family	Bigger is Better	63%	12%	±10%	11% (56 of 498) (GREEN)	-	63% (319 of 509)	↑	9.0% (46 of 509)	Adults with learning disabilities living in their own home or with family (11%) is within target tolerance (12%) and higher than the same period last year (9%). A work programme has been developed between the Learning Disability and Performance teams, so that the service is aware of the number of clients that need their accommodation checked. Performance is expected to be back on track for Q2.
ASCOF 1H (C)	Percentage of adults in contact with secondary mental health services living independently, with or without support	Bigger is Better	94%	94%	±10%	88% (421 of 480) (GREEN)	→	88% (405 of 459)	↓	92% (479 of 520)	Adults in contact with secondary mental health services living independently (88%) is within target tolerance (94%) but slightly less than the same period last year (92%). NELFT continue to help remove barriers that service users face in accessing accommodation.

L3 (C)	Percentage of people who return to Adult Social Care 91 days after completing reablement	Smaller is Better	5%	5%	±10%	4.2% (7 of 168) (GREEN)	↑	4.4% (28 of 640)	↓	1.7% (3 of 175)	People returning to ASC after completing reablement (4.2%) is better than target (5%) but worse than the same period last year (1.7%).
L6 (BCF) (S)	Carers who request information and advice	Bigger is Better	75%	75%	±10%	89% (144 of 162) (GREEN)	→	89%	–	NEW	Data for this indicator is taken from the bi-annual statutory survey. The last survey showed that 89% of carers had requested information and advice, which was better than target (75%). This is a new corporate indicator for 2015/16, so a DOT cannot be provided.
L8 (BCF)	Patient/service user experience (managing long term conditions)	Bigger is Better	34%	34%	±10%	32.1% (547 of 1,703) (GREEN)	–	N/A	–	NEW	Data for this indicator is taken from the GP patient survey. 32% of patients/service users were satisfied with the support provided, placing the indicator within target tolerance. This is a new corporate indicator for 2015/16, so a DOT cannot be provided.
ASCOF 2C(i)a (C)	Overall rate of delayed transfers of care from hospital per 100,000 population	Smaller is Better	6	6	±10%	2.9 (5.5 of 192,716) (GREEN)	↑	4.5	↑	5.3	Overall rate of delayed transfers of care from hospital (2.9 per 100,000) is better than target (6 per 100,000) and the same period last year (5.3 per 100,000). Performance in this area is robustly monitored following the creation of the Joint Assessment and Discharge Team. ASC will continue to work with health colleagues to maintain positive performance in this area and improve discharge processes in the borough.
ASCOF 2C(ii)b (C)	Rate of delayed transfers of care from hospital per 100,000 population	Smaller is Better	389.1	352.3 (Q4 2014/15)	±10%	252.4 (233 of 193,582) (Q4 2014/15 time lag) (GREEN)	↑	386.35 (Q3 2014/15)	–	NEW	Rate of delayed transfers of care from hospital (252.4 per 100,000) was better than target (352.3) at the end of Q4. This was a new corporate indicator for 2014/15, so a DOT cannot be provided against Q4 2013/14.
ASCOF 2C(iii) (C)	Rate of delayed transfers of care attributable to Adult Social Care (ASC) only per 100,000 population	Smaller is Better	1.0	1.0	±10%	0.5 (1 of 192,716) (GREEN)	↑	1.1	↑	0.8	Rate of delayed transfer of care attributable to Adult Social Care (0.5 per 100,000) is better than target (1.0 per 100,000) and the same period last year (0.8 per 100,000). ASC continue to focus efforts with the Joint Assessment and Discharge Team to ensure timely discharges take place for all clients with a social care need.
SAFE: Using our influence											
ASCOF 2C(ii) (C)	Rate of delayed transfers of care from hospital attributable to Adult Social Care (ASC) and Health per 100,000 population	Smaller is Better	2.8	2.8	±10%	0.5 (1 of 192,716) (GREEN)	↑	2.0	↑	1.8	Delayed transfer of care from hospital attributable to ASC and Health (0.5 per 100,000) is better than target (2.8 per 100,000) and the same period last year (1.8 per 100,000). ASC continue to use their influence to ensure timely discharges take place for all clients with a social care need.
SAFE: Leading by example											
ASCOF 1C(i) (S)	Percentage of people using social care who receive self-directed support and those receiving direct payments	Bigger is Better	82%	82%	±10%	67.1% (1,363 of 2,031) (RED)	↓	75.4% (1,536 of 2,036)	↓	81% (1,516 of 1,876)	Self-directed support and direct payments (67.1%) are below target (82%) and the same period last year (81%). CORRECTIVE ACTION: ASC will review a number of non self-directed support cases to find out if there are any specific reasons for low take-up. In line with the national picture, the service continues to face challenges in increasing the take-up of self-directed support for older people and is working hard to help people make best use of the money they receive to purchase their own care services. This is being done by the development of the Market Position Statement.
ASCOF 1C(ii) (S)	Direct payments as a percentage of self-directed support	Bigger is Better	45%	45%	±10%	36.2% (735 of 2,031) (RED)	↑	36.1% (736 of 2,036)	↓	41.3% (774 of 1,876)	Direct payments (36.2%) is below target (45%) and below the same period last year (41.3%). CORRECTIVE ACTION: A deep dive into the reasons behind the decline is being undertaken. This will be fed into the newly set up task group to review SDS (including Direct Payment) take up.